



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane and omeprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Diovan	Nitro-Bid
Aceon	Diovan HCT	Norpace*
Actos	Dynacirc CR	Norpace CR*
Adderall XR	Eurax	Optivar
Advair Diskus	Exelon	Pataday
Advair HFA	Exforge	Patanol
Aerobid	Flovent HFA	Paxil CR*
Aerobid-M	Focalin*	Pegasys
Alupent*	Focalin XR	Pexeva
Amerge	Foradil	Phisohex
Amoxil*	Glyset	Premarin (tabs only)
Aricept	Gris-Peg	ProAir HFA
Asmanex	Humalog	Proventil HFA
Atrovent HFA	Hyzaar	Qvar
Augmentin XR	Imitrex	Relenza
Avalide	Infergen	Relpax
Avandamet	Lanoxicaps	Ritalin*
Avandaryl	Lantus	Serevent Diskus
Avandia	Lescol	Singulair
Avapro	Lescol XL	Spiriva
Azmacort	Lexapro	Starlix
Beconase AQ	Lipitor	Sumycin*
Benicar	Lorabid	Symbicort
Benicar HCT	Maxair Autohaler	Symmetrel*
Caduet	Maxalt	Tamiflu
Capex Shampoo	Maxalt MLT	Tyzine
Cedax	Menest	Valtrex
Cenestin	Metadata CD	Ventolin HFA
Cleocin*	Metrogel-Vaginal*	Veramyst
Combivent	Micardis	Vyvanse
Concerta	Micardis HCT	Xopenex HFA
Cozaar	Mintezol	Zegerid
Crestor	Mycostatin*	Zovirax (ointment only)
Daraprim	Nasacort AQ	
Derma-Smoothe/FS	Nasonex	
Dexedrine*	Niacor	
Diastat	Niaspan	